

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**  
**Division of Child Support Enforcement**

**AUTHORIZATION TO STOP DIRECT DEPOSIT**

- ☐ **IV-D case** (if you receive or have received cash assistance in the past, and/or have applied for IV-D services, your case is considered a IV-D case.)
- ☐ **Non IV-D case** (if you have never received cash assistance in the past or have never applied for IV-D services, your case is considered a Non IV-D case.)

☐ I no longer wish to participate in the direct deposits of my support checks. I understand that my checks will be sent via US mail to the address below which may delay receipt of checks up to five working days. I understand that an incomplete address will result in non-delivery of my support payments.

**PLEASE NOTE:** When requesting to stop direct deposits, allow four to six weeks for changes to take effect. If you fail to provide all the information requested on this form, your request will not be processed and this form will be returned to you at the address provided below.

NAME (Last, First, MI)															ATLAS CASE NUMBER									
CURRENT MAILING ADDRESS															SOCIAL SECURITY NUMBER									
CITY										ST		ZIP			TELEPHONE NUMBER									

ROUTING NUMBER										FINANCIAL INSTITUTION NAME																			
ACCOUNT NUMBER										PRIMARY OWNER'S NAME (If different than above)																			
SECONDARY ACCOUNT OWNER'S NAME (Last, First, MI)																													

**Sign and mail or fax the completed form to your local Clerk of Court or to the Division of Child Support Enforcement (DCSE), as appropriate. However, if you are faxing the request, the original should follow by mail.**

A listing of local Clerks of Court and/or DCSE is on the reverse side.

SIGNATURE	DATE

**FOR OFFICIAL USE ONLY**

- ☐ IV-D Case ☐ Non IV-D Case